

ORDER FOR SUPPLIES OR SERVICES						PAGE OF PAGES	
						1	3
IMPORTANT: Mark all packages and papers with contract and/or order numbers.							
1. DATE OF ORDER 06/14/2010		2. CONTRACT NO. (If any) HHSN263999900046I		6. SHIP TO:			
3. ORDER NO. HHSN26100001		4. REQUISITION/REFERENCE NO. 1648042		a. NAME OF CONSIGNEE Dr. Leslie Derr <i>Durayne Jorgensen</i>			
5. ISSUING OFFICE (Address correspondence to) National Institutes of Health NIH Info Tech Acquisition and Assessment Center Bethesda MD 20892-7511				b. STREET ADDRESS 2115 E. Jefferson Street Room 6044			
				c. CITY Rockville		d. STATE MD	e. ZIP CODE 20892
7. TO:				f. SHIP VIA			
a. NAME OF CONTRACTOR BOOZ ALLEN & HAMILTON INC:1107242							
b. COMPANY NAME				8. TYPE OF ORDER			
c. STREET ADDRESS BOOZ ALLEN & HAMILTON INC 8283 GREENSBORO DRIVE				<input type="checkbox"/> a. PURCHASE REFERENCE YOUR:		<input checked="" type="checkbox"/> b. DELIVERY Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
d. CITY MCLEAN		e. STATE VA	f. ZIP CODE 221023838	Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.			
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE National Institutes of Health/NCI			
11. BUSINESS CLASSIFICATION (Check appropriate box(es))						12. F.O.B. POINT Destination	
<input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS							
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)		16. DISCOUNT TERMS	
a. INSPECTION Destination		b. ACCEPTANCE Destination				PROMPT PAY	
17. SCHEDULE (See reverse for Rejections)							
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)	
	See HHSN263999900046I for contract terms and conditions.  Please contact COTR, Leslie Derr at 301-402-5792 or requisitioner, Collen Ennis at 301-443-1911 for invoicing instructions Continued ...						
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)	
SEE BILLING INSTRUCTIONS ON REVERSE		21. MAIL INVOICE TO:					
		a. NAME NIH Commercial Accts				\$6,974,530.77	
		b. STREET ADDRESS (or P.O. Box) Commercial Accounts Branch 2115 East Jefferson St, MSC 8500 Room 4B-432					
c. CITY Bethesda		d. STATE MD	e. ZIP CODE 20892-8500		\$6,974,530.77		17(i) GRAND TOTAL
22. UNITED STATES OF AMERICA BY (Signature) <i>C. Timothy Crilley</i>				23. NAME (Typed) C. Timothy Crilley TITLE: CONTRACTING/ORDERING OFFICER			

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 2
2. AMENDMENT/MODIFICATION NO. 0001	3. EFFECTIVE DATE 06/23/2010	4. REQUISITION/PURCHASE REQ. NO. 1663637	5. PROJECT NO. (if applicable)
6. ISSUED BY National Institutes of Health NIH Info Tech Acquisition and Assessment Center Bethesda MD 20892-7511	CODE IO-OLAO/NITAAC	7. ADMINISTERED BY (if other than Item 6) National Institutes of Health NIH Info Tech Acquisition and Assessment Center Bethesda MD 20892-7511	CODE ADM-OLAO/NITAAC
8. NAME AND ADDRESS OF CONTRACTOR (fka, street, county, State and ZIP Code) BOOZ ALLEN & HAMILTON INC:1107242 BOOZ ALLEN & HAMILTON INC 8283 GREENSBORO DRIVE MCLEAN VA 221023838		(x) 9A. AMENDMENT OF SOLICITATION NO.  9B. DATED (SEE ITEM 11)  * 10A. MODIFICATION OF CONTRACT/ORDER NO. HHSN2639999000461. HHSN26100001 10B. DATED (SEE ITEM 13) 06/14/2010	
CODE	FACILITY CODE		

# 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required)  
See Schedule  
Net Increase: \$69,745.31

# 13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(c).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) Changes: FAR 52.243-1, FAR 52.243-2, FAR 52.243-3

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 2 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  
See HHSN2639999000461 for contract terms and conditions.

Please contact COTR, Leslie Derr at 301-402-5792 or requisitioner, Collen Ennis at 301-443-1911 for invoicing instructions and payment questions or concerns.

ADB Document#: D1000072

Discount Terms: PROMPT PAY

Delivery Location Code: 6116 EXE BLVD, ROCKVIL

6116 Executive Blvd, Rockville

6116 Executive Blvd

Rockville MD 20852 US

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Andrea Inserra, Vice President		15A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) C. Timothy Grilley	
16A. CONTRACTOR/OFFEROR Andrea D. Inserra (Signature of person authorized to sign)	16C. DATE SIGNED 06/25/10	16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)	16C. DATE SIGNED 6/28/10

NSN 7540-01-152-8070  
Previous edition unusable

STANDARD FORM 30 (REV. 10-85)  
Prescribed by GSA,  
FAR 48 CFR 53.243

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
HHSN263999900046I/HHSN26100001/0001

PAGE 2 OF 2

NAME OF OFFEROR OR CONTRACTOR  
BOOZ ALLEN & HAMILTON INC:1107242

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Payment: NIH Commercial Accts Commercial Accounts Branch 2115 East Jefferson St, MSC 8500 Room 4B-432 Bethesda MD 20892-8500 FOB: Destination Period of Performance: 06/15/2010 to 01/14/2011  Add Item 4 as follows:  Special Handling: None caBIG Program Management Support Contract - Line Item 4 - Administrative NITAC Fee Delivery To: 6116/501 Product/Service Code: R499 Product/Service Description: OTHER PROFESSIONAL SERVICES  Project Data: 125837.1.HNC1D NCI OD CBIIT CTR BIOMEDICAL INFORMATICS & INFORMATION.252Z ALL OTHER SERVICES WITH T.06/21/2010 Accounting Info: 08024920101DAD.2010.01.C100.HNC1D000000C.E.00016.40 6.C283.252Z.610001.9999.9999.9999 Funded: \$69,745.31				69,745.31



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service  
National Institutes of Health

Phone: 301/228-4220  
FAX: 301/228-4240

National Cancer Institute  
Office of Acquisitions  
244 Miller Drive, P.O. Box B, Room 106  
Ft. Detrick, Frederick, MD 21702-1201

Booz Allen Hamilton, Inc.  
8<sup>th</sup> Floor  
1101 Wootton Pkwy  
Rockville, MD 20852

Attention: Ms. Anna Marie Scott, Contract Representative  
  
Reference: Contract No. HHSN263999900046I/HHSN26100001  
Modification 1

Dear Ms. Scott,

Enclosed is an executed copy of the above mentioned contract modification for your retention.  
Correspondence regarding the terms and conditions of the referenced contract should be submitted to:

C. Timothy Crilley, Contracting Officer  
National Cancer Institute at Frederick  
NCI Office of Acquisitions  
P.O. Box B,  
244 Miller Drive, Room 116A  
Ft. Detrick, Frederick, MD 21702-1201

Again, you are reminded that the Contracting Officer is the only official authorized to make changes in the contract.

If you have any questions, please feel free to call the undersigned on 301/228-4224 or Mandie S. White, Contract Specialist at 301/228-4217 or [whitems@mail.nih.gov](mailto:whitems@mail.nih.gov).

Sincerely,

C. Timothy Crilley  
Contracting Officer, NCI

Enclosure

Heidi Hiller  
Heidi@BAH.com

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES 1 8	
2. AMENDMENT/MODIFICATION NO. 0002		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO. 1914377	
6. ISSUED BY National Institutes of Health NIH Info Tech Acquisition and Assessment Center Bethesda MD 20892-7511		CODE IO-OLAO/NITAAC		5. PROJECT NO. (If applicable)	
		7. ADMINISTERED BY (If other than Item 6) National Institutes of Health NIH Info Tech Acquisition and Assessment Center Bethesda MD 20892-7511		CODE ADM-OLAO/NITAAC	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) BOOZ ALLEN & HAMILTON INC:1107242 BOOZ ALLEN & HAMILTON INC 8283 GREENSBORO DRIVE MCLEAN VA 221023838		(x)		9A. AMENDMENT OF SOLICITATION NO.	
				9B. DATED (SEE ITEM 11)	
		x		10A. MODIFICATION OF CONTRACT/ORDER NO. HHSN263999900046I HHSN26100001	
CODE		FACILITY CODE		10B. DATED (SEE ITEM 13) 06/14/2010	

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: \$3,074,138.82  
See Schedule

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) FAR 52.217-9, Option to Extend the Term of the Contract

E. IMPORTANT: Contractor ☒ is not. ☐ is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  
See HHSN263999900046I for contract terms and conditions.

The purpose of Modification 0002 is to exercise the option to cover the 3 month transition period of 01/15/11-04/14/11.

Please contact COTR, Dwayne Forquer at 301-594-3069 or requisitioner, Collen Ennis at 301-443-1911 for invoicing instructions and payment questions or concerns.

ADB Document#: D1000072

Discount Terms: PROMPT PAY

Delivery Location Code: 6116 EXE BLVD, ROCKVL

6116 Executive Blvd, Rockville

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) CHARLES T. CRILLEY	
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)		16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	
15C. DATE SIGNED		16C. DATE SIGNED	

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
HHSN263999900046I/HHSN26100001/0002PAGE OF  
2 8NAME OF OFFEROR OR CONTRACTOR  
BOOZ ALLEN & HAMILTON INC:1107242

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
5	6116 Executive Blvd Rockville MD 20852 US  Payment: NIH Commercial Accts Commercial Accounts Branch 2115 East Jefferson St, MSC 8500 Room 4B-432 Bethesda MD 20892-8500 FOB: Destination Period of Performance: 06/15/2010 to 04/14/2011  Add Item 5 as follows:  Special Handling: None 402 - HHSN263999900046I, Task Order C2730, Booz Allen Hamilton, caBIG Program Management Support contract, POP 1/15/11-4/14/11 Delivery To: 6116/501 Product/Service Code: R499 Product/Service Description: OTHER PROFESSIONAL SERVICES  Project Data: 125837.1.HNC1D NCI OD CBIIT CTR BIOMEDICAL INFORMATICS & INFORMATION.2555 RESEARCH AND DEVELOPMENT.12/14/2010 Accounting Info: 08024920111DA0.2011.01.C100.HNC1D000000C.E.00016.40 6.C283.2555.610001.9999.9999.9999 Funded: \$3,043,701.80  Add Item 6 as follows:  Special Handling: None 402 - HHSN263999900046I, Task Order C2730, Booz Allen Hamilton, caBIG Program Management Support contract, POP 1/15/11-4/14/11, 1% NITAAC Fee Delivery To: 6116/501 Product/Service Code: R499 Product/Service Description: OTHER PROFESSIONAL SERVICES  Project Data: 125837.1.HNC1D NCI OD CBIIT CTR BIOMEDICAL INFORMATICS & INFORMATION.2555 RESEARCH AND Continued ...				3,043,701.80
6					30,437.02

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
HHSN263999900046I/HHSN26100001/0002

PAGE OF  
3 8

NAME OF OFFEROR OR CONTRACTOR  
BOOZ ALLEN & HAMILTON INC:1107242

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	DEVELOPMENT.12/14/2010 Accounting Info: 08024920111DA0.2011.01.C100.HNC1D000000C.E.00016.40 6.C283.2555.610001.9999.9999.9999 Funded: \$30,437.02				

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES 1 2	
2. AMENDMENT/MODIFICATION NO. 0003		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO.	
5. PROJECT NO. (If applicable)		7. ADMINISTERED BY (If other than Item 6)		CODE ADM-OLAO/NITAAC	
6. ISSUED BY National Institutes of Health NIH Info Tech Acquisition and Assessment Center Bethesda MD 20892-7511		CODE IO-OLAO/NITAAC		7. ADMINISTERED BY (If other than Item 6) National Institutes of Health NIH Info Tech Acquisition and Assessment Center Bethesda MD 20892-7511	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) BOOZ ALLEN & HAMILTON INC:1107242 8283 GREENSBORO DRIVE MCLEAN VA 221023838		(x)		9A. AMENDMENT OF SOLICITATION NO.	
CODE		FACILITY CODE		9B. DATED (SEE ITEM 11)	
		x		10A. MODIFICATION OF CONTRACT/ORDER NO. HHSN263999900046I HHSN26100001	
				10B. DATED (SEE ITEM 13) 06/14/2010	

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

See Schedule

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: Mutual Agreement
	D. OTHER (Specify type of modification and authority)

**E. IMPORTANT:** Contractor ☐ is not. ☒ is required to sign this document and return 2 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

See HHSN263999900046I for contract terms and conditions.

The purpose of Modification 0003 is to extend the period of performance from 04/14/11 to 05/14/2011 at no additional cost. All other terms and conditions remain unchanged.

Please contact COTR, Dwayne Forquer at 301-594-3069 or requisitioner, Collen Ennis at 301-443-1911 for invoicing instructions and payment questions or concerns.

ADB Document#: D1000072

Discount Terms: PROMPT PAY

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
		ROBIN M. IRVING	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		(Signature of Contracting Officer)	

**CONTINUATION SHEET**

 REFERENCE NO. OF DOCUMENT BEING CONTINUED  
 HHSN263999900046I/HHSN26100001/0003

PAGE 2 OF 2

 NAME OF OFFEROR OR CONTRACTOR  
 BOOZ ALLEN & HAMILTON INC:1107242

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Payment: NIH Commercial Accts Commercial Accounts Branch 2115 East Jefferson St, MSC 8500 Room 4B-432 Bethesda MD 20892-8500 Period of Performance: 06/15/2010 to 05/14/2011				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES 1 5	
2. AMENDMENT/MODIFICATION NO. 0004		3. EFFECTIVE DATE 04/28/2011		4. REQUISITION/PURCHASE REQ. NO.	
5. PROJECT NO. (If applicable)		6. ISSUED BY CODE IO-OLAO/NITAAC		7. ADMINISTERED BY (If other than Item 6) CODE ADM-OLAO/NITAAC	
National Institutes of Health NIH Info Tech Acquisition and Assessment Center Bethesda MD 20892-7511		National Institutes of Health NIH Info Tech Acquisition and Assessment Center Bethesda MD 20892-7511			
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) BOOZ ALLEN & HAMILTON INC:1107242 8283 GREENSBORO DRIVE MCLEAN VA 221023838		9A. AMENDMENT OF SOLICITATION NO. (x) 9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER NO. HHSN263999900046I HHSN26100001 10B. DATED (SEE ITEM 13) 06/14/2010			
CODE		FACILITY CODE			

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

- ☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: Mutual Agreement
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor ☐ is not, ☒ is required to sign this document and return 2 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

See HHSN263999900046I for contract terms and conditions.

The purpose of Modification 0004 is to extend the period of performance for all line items to 05/14/2011 at no additional cost. All other terms and conditions remain unchanged.

Please contact COTR, Dwayne Forquer at 301-594-3069 or requisitioner, Collen Ennis at 301-443-1911 for invoicing instructions and payment questions or concerns.

ADB Document#: D1000072

Discount Terms: PROMPT PAY

Delivery Location Code: 6116 EXE BLVD, ROCKVL

6116 Executive Blvd, Rockville

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
		ROBIN M. IRVING	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		(Signature of Contracting Officer)	4/28/11

NSN 7540-01-152-8070  
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.243

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
HHSN263999900046I/HHSN26100001/0004

PAGE 2 OF 5

NAME OF OFFEROR OR CONTRACTOR

BOOZ ALLEN &amp; HAMILTON INC:1107242

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1	<p>6116 Executive Blvd Rockville MD 20852 US</p> <p>Payment: NIH Commercial Accts Commercial Accounts Branch 2115 East Jefferson St, MSC 8500 Room 4B-432 Bethesda MD 20892-8500</p> <p>FOB: Destination Period of Performance: 06/15/2010 to 05/14/2011</p> <p>Change Item 1 to read as follows (amount shown is the obligated amount):</p> <p>Special Handling: None HHSN263999900046I, Task order (C2730) caBIG Program Management Support Contract POP 6/15/2010-1/14/2011 - Tasks 5.1-5.5 Time and Materials Delivery To: 2115/6000 Product/Service Code: R499 Product/Service Description: OTHER PROFESSIONAL SERVICES</p> <p>Project Data: 125837.1.HNC1D NCI OD CBIIT CTR BIOMEDICAL INFORMATICS &amp; INFORMATION.252Z ALL OTHER SERVICES WITH T.06/10/2010 Accounting Info: 08024920101DAO.2010.01.C100.HNC1D000000C.E.00016.40 6.C283.252Z.610001.9999.9999.9999 Funded: \$0.00</p> <p>Change Item 2 to read as follows (amount shown is the obligated amount):</p> <p>Special Handling: None HHSN263999900046I, Task order (C2730) caBIG Program Management Support Contract POP 6/15/2010-1/14/2011 - Task 5.6 CPFF Participant Labor Delivery To: 2115/6000 Product/Service Code: R499 Product/Service Description: OTHER PROFESSIONAL SERVICES Continued ...</p>				0.00
2					0.00

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
HHSN263999900046I/HHSN26100001/0004

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NAME OF OFFEROR OR CONTRACTOR

BOOZ ALLEN &amp; HAMILTON INC:1107242

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
3	<p>Project Data: 125837.1.HNC1D NCI OD CBIIT CTR BIOMEDICAL INFORMATICS &amp; INFORMATION.252Z ALL OTHER SERVICES WITH T.06/10/2010 Accounting Info: 08024920101DA0.2010.01.C100.HNC1D00000C.E.00016.40 6.C283.252Z.610001.9999.9999.9999 Funded: \$0.00</p> <p>Change Item 3 to read as follows (amount shown is the obligated amount):</p> <p>Special Handling: None HHSN263999900046I, Task order (C2730) caBIG Program Management Support Contract POP 6/15/2010-1/14/2011 - Other Direct Costs Delivery To: 2115/6000 Product/Service Code: R499 Product/Service Description: OTHER PROFESSIONAL SERVICES</p> <p>Project Data: 125837.1.HNC1D NCI OD CBIIT CTR BIOMEDICAL INFORMATICS &amp; INFORMATION.252Z ALL OTHER SERVICES WITH T.06/10/2010 Accounting Info: 08024920101DA0.2010.01.C100.HNC1D00000C.E.00016.40 6.C283.252Z.610001.9999.9999.9999 Funded: \$0.00</p> <p>Change Item 4 to read as follows (amount shown is the obligated amount):</p> <p>Special Handling: None caBIG Program Management Support Contract - Line Item 4 - Administrative NITAAC Fee Delivery To: 6116/501 Product/Service Code: R499 Product/Service Description: OTHER PROFESSIONAL SERVICES</p> <p>Project Data: 125837.1.HNC1D NCI OD CBIIT CTR BIOMEDICAL INFORMATICS &amp; INFORMATION.252Z ALL OTHER SERVICES WITH T.06/21/2010 Continued ...</p>				0.00
4					0.00

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
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NAME OF OFFEROR OR CONTRACTOR

BOOZ ALLEN &amp; HAMILTON INC:1107242

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
5	<p>Accounting Info: 08024920101DA0.2010.01.C100.HNC1D000000C.E.00016.40 6.C283.252Z.610001.9999.9999.9999 Funded: \$0.00</p> <p>Change Item 5 to read as follows (amount shown is the obligated amount):</p> <p>Special Handling: None 402 - HHSN263999900046I, Task Order C2730, Booz Allen Hamilton, caBIG Program Management Support contract, POP 1/15/11-5/14/11 Delivery To: 6116/501 Product/Service Code: R499 Product/Service Description: OTHER PROFESSIONAL SERVICES</p> <p>Project Data: 125837.1.HNC1D NCI OD CBIIT CTR BIOMEDICAL INFORMATICS &amp; INFORMATION.2555 RESEARCH AND DEVELOPMENT.12/14/2010 Accounting Info: 08024920111DA0.2011.01.C100.HNC1D000000C.E.00016.40 6.C283.2555.610001.9999.9999.9999 Funded: \$0.00</p> <p>Change Item 6 to read as follows (amount shown is the obligated amount):</p> <p>Special Handling: None 402 - HHSN263999900046I, Task Order C2730, Booz Allen Hamilton, caBIG Program Management Support contract, POP 1/15/11-5/14/11, 1% NITAAC Fee Delivery To: 6116/501 Product/Service Code: R499 Product/Service Description: OTHER PROFESSIONAL SERVICES</p> <p>Project Data: 125837.1.HNC1D NCI OD CBIIT CTR BIOMEDICAL INFORMATICS &amp; INFORMATION.2555 RESEARCH AND DEVELOPMENT.12/14/2010 Accounting Info: 08024920111DA0.2011.01.C100.HNC1D000000C.E.00016.40 6.C283.2555.610001.9999.9999.9999 Funded: \$0.00 Continued ...</p>				0.00
6	<p>Special Handling: None 402 - HHSN263999900046I, Task Order C2730, Booz Allen Hamilton, caBIG Program Management Support contract, POP 1/15/11-5/14/11, 1% NITAAC Fee Delivery To: 6116/501 Product/Service Code: R499 Product/Service Description: OTHER PROFESSIONAL SERVICES</p> <p>Project Data: 125837.1.HNC1D NCI OD CBIIT CTR BIOMEDICAL INFORMATICS &amp; INFORMATION.2555 RESEARCH AND DEVELOPMENT.12/14/2010 Accounting Info: 08024920111DA0.2011.01.C100.HNC1D000000C.E.00016.40 6.C283.2555.610001.9999.9999.9999 Funded: \$0.00 Continued ...</p>				0.00

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR

BOOZ ALLEN &amp; HAMILTON INC:1107242

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)